

SEP 27 2004

FACSIMILE COVER SHEET

BEST AVAILABLE COPY

Licata & Tyrrell P.C.66 E. Main Street
Marlton, New Jersey

Tel: (856) 810-1515

Fax: (856) 810-1454

September 27, 2004

TO: Examiner Larry Ronald Helms (TC1600)**GROUP:** 1642**FAX NUMBER:** 703-872-9306**ATTORNEY DOCKET NO.:** DEX-0172**SERIAL NO.:** 09/763,978**FILED:** April 25, 2001**NUMBER OF PAGES:** 7**MESSAGE:** Attached please find Amendment Transmittal Letter; Reply to the Office Action mailed August 27, 2004; and Certificate of Transmission by Facsimile.**Kathleen A. Tyrrell, Registration No. 38,350****URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

* * * * *

If you have any questions, or did not receive the proper number of pages, or had trouble during transmission, please call 856-810-1515.

CONFIDENTIALITY NOTICE

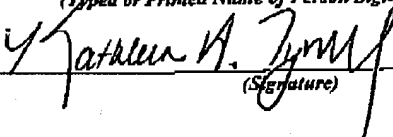
The information contained in this facsimile message is legally privileged and confidential, and intended only for the use of the individual(s) and/or entity(ies) named above. If you are not the intended recipient, you are hereby notified that any unauthorized disclosure, copying distribution or taking of any action in reliance on the contents of the telecopied materials is strictly prohibited and review by any individual other than the intended recipient shall not constitute waiver of the attorney client privilege. If you have received this transmission in error, please immediately notify us by telephone in order to arrange for the return of the materials. Thank you.

09/27/04 19:27 FAX 856 810 1454

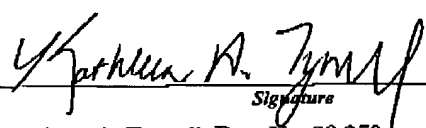
LICATA & TYRRELL

SEP 27 2004

002

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): <u>Salceda et al.</u>			Docket No. <u>DEX-0172</u>
Application No. <u>09/763,978</u>	Filing Date <u>April 25, 2001</u>	Examiner <u>Helms, Larry Ronald</u>	Group Art Unit <u>1642</u>
Invention: <u>A Novel Method of Diagnosing, Monitoring, Staging, Imaging and Treating Various Cancers</u>			
<p>I hereby certify that this <u>Reply to Restriction Requirement</u> <i>(Identify type of correspondence)</i> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>September 27, 2004</u> <i>(Date)</i></p>			
<p style="text-align: right;"> <u>Kathleen A. Tyrrell</u> <i>(Typed or Printed Name of Person Signing Certificate)</i>  <i>(Signature)</i> </p>			
<p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P16/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0172				
Applicant(s): Salceda et al.								
Application No. 09/763,978	Filing Date April 25, 2001	Examiner Helms, Larry Ronald	Customer No. 32800	Group Art Unit 1642	Confirmation No. 3638			
Invention: A Novel Method of Diagnosing, Monitoring, Staging, Imaging and Treating Various Cancers								
COMMISSIONER FOR PATENTS:			RECEIVED CENTRAL FAX CENTER					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.								
CLAIMS AS AMENDED								
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE			
TOTAL CLAIMS	25 -	25 =	0 x	\$18.00	\$0.00			
INDEP. CLAIMS	6 -	6 =	0 x	\$86.00	\$0.00			
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00			
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
 _____ Signature Kathleen A. Tyrrell, Reg. No. 38,350			Dated: September 27, 2004					
Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 5px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</td></tr><tr><td style="padding: 5px;">_____ Signature of Person Mailing Correspondence</td></tr><tr><td style="padding: 5px;">_____ Typed or Printed Name of Person Mailing Correspondence</td></tr></table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)	_____ Signature of Person Mailing Correspondence	_____ Typed or Printed Name of Person Mailing Correspondence
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)								
_____ Signature of Person Mailing Correspondence								
_____ Typed or Printed Name of Person Mailing Correspondence								
CC:								

P11LARGE/REV08

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.